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ABSTRACT

Families in which one or both parents are diagnosed as being depressed are observed in this ongoing study of how the behavior of depressed parents relates to the child's present and long-term development. Each family which enters the study has a child approximately two years old and a child between five and seven years old. Families are initially observed for three half-days in a research apartment setting. A second assessment is conducted three years later. The findings are primarily from the first assessment, with some from the second, and emphasize data on the behavior of depressed mothers. Findings on the child rearing behaviors of mothers indicated that while there are behaviors common to depressed mothers as a group, there are also unique and extreme patterns which appear in subgroups of depressed mothers. Such patterns include (1) extremely high frequencies of negative affect, (2) evidence of mixed messages given to the child, and (3) displays of tense and prolonged physical affection. (PCB)

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Parental Depression and Child Disturbance

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Estimates indicate that 15 to 20% of our adult population suffer from depression sometime in their life time. Many of these adults are parents responsible for the upbringing of children. I am referring, of course, to depression as a psychiatric disorder, defined by cognitive, behavioral, and vegetative impairments as well as mood disorders. The experience of being reared by a parent or by parents who are depressed is, therefore, not an uncommon rearing condition. Yet, comparatively little is know about the qualities of this experience.

Ours is a study of the environments supplied by parents with unipolar or bipolar depression in relation to the development of their offspring. This study grows out of two perspectives: of developmental psychology and of developmental psychopathology. From the latter view, it is an offspring study in which we are looking for an outcome in terms of signs of pathology, -- for a diagnosis, and for developmental precursors of that diagnosis. As is true of all offspring, genetic and environmental influences must be recognized as likely contributors to child outcomes. From the view of developmental psychology, it is a longitudinal study of children's adaptations and maladaptations in the course of development in relation to the rearing experiences to which they are exposed. We are examining patterns of interaction between parents and children, as they change in relation to children's developmental level. How do parent diagnosis and parental behavior relate to the child's present and long term development? This is an ongoing study, so I shall be reporting findings in progress.

Our sample is families in which one or both parents have unipolar or

bipolar depression or in which both parents are without current or past psychiatric illness. (Sample: Slide 1) Diagnoses are based on the SADS-L, RDC criteria. Additional diagnoses (antisocial personality, schizophrenic, etc.) disqualified the parent. Ages of children are controlled in sample selection. Each family has a child of approximately 2 years of age and also a child between 5 and 7 years of age. (Slide 2) All parents are community living. Further descriptors of the parents' illness are listed in Slide 3. We have combined experimental, naturalistic, and clinical methods to obtain multiple assessments of parent and child behavior. I shall try to communicate a complex design very briefly. (Slide 4) lists the kinds of assessment procedures that are used. A very heavy emphasis is on observed family behavior in a research apartment setting. I want to emphasize the methodology.

We constructed a reasonably natural setting to which the families come for 3 half-days spaced over 2 weeks, and at a second assessment period 3 years later, of 2 half-days (a total of 16* hours). (Slide 5 & 6) At each assessment, the time in the apartment and the physical environment in which families are observed are scripted according to our conceptualization of rearing tasks; -- i.e., there are occasions in which mother must care for the child, regulate and control, teach, give affective meaning to interactions and relationships. Time in the apartment was planned to sample ordinary routines and events (Slide 7) that tap into dimensions -- intimacy, pleasure, control, stress, challenge, routines, unstructured time. These conditions were scheduled so as to create a sense of natural sequence.

Evaluations of the children can be summarized as pertaining to their social relatedness, affective development and regulation, self-conceptions, and competence and masteries.

At the second assessment, 3 years later, similar procedures are used.

The father also comes to an apartment session. The developmental measurement points are shown in (Slide 8). I will be presenting selected findings primarily from the first assessment period, and some from the second period.

Before presenting findings I want to recognize investigators who have been important collaborators -- at different periods in the life of the study (Slide 9).

I will be emphasizing today, data on the behavior of depressed mothers, but it will be informative first to get a sense of the psychological status of the children. How well are the children developing? A summary indicator that I will rely on today is a psychiatric assessment at the time of the first follow-up, when the older child is between 8 and 11 years and the younger child is between 5 and 6 years. The percentages of children of normal control parents and of depressed parents to whom a psychiatric diagnosis is given are presented in the Table (Slide 10). As preface to the tables, let me emphasize that there are hazards in attaching a diagnosis to young children. For these evaluations we have used a standard psychiatric interview (CAS) supplemented by parent report (Achenbach). These evaluations do not include knowledge of child behavior in the apartment or of psychiatric status at an earlier age. These data are a careful psychiatric assessment, to which additional data will be added later in the study. Primary concern here is with the fact of problems of considerable severity at the several developmental levels. As the tables indicate, there are contrasts between the children of the control and the depressed parents. Having two depressed parents increases the percentage of children with problems. (These tables do not reflect the entire sample, only those who have so far been scheduled for the return visit.

We will now turn to analyses of the rearing environments of these children. In the literature, there are generalizations about depressed mothers; they

are characterized as uninvolved with the children, hostile, and lacking in affection -- among other qualities. In our data, these characterizations poorly represent the more than 70 depressed mothers whom we have observed. These generalizations also miss some of the deficits or problems in depressed mothers' rearing behaviors that may most undermine the child's developing and well-being. For support of this conclusion, we look to the observations of interactions between mother and child. First, it is important to point out that there are significant group differences in important domains of rearing, as shown on the slide (Slide 12); however, the groups are overlapping and extremely heterogeneous, which is another way of saying that these group differences will not always characterize individual depressed mothers. To begin with group differences: There are significant differences between our depressed and normal mothers in the nature of their communication with their children. Depressed mothers' comments to or about their children contain more attributions that are explicitly negative about the child, ("You're acting like a baby now"). Depressed mothers also speak less to their children in social, and presumed pleasant situations, like having lunch together (a finding reported on these mothers by Breznitz and Sherman). Depressed mothers express more negative affect when with their children (anger, sadness, anxiety, negative mood). Kochanska and Kuczynski report more problematic behaviors in depressed mothers in their attempts to control their children. When mother and child are confronted with mild stressors, depressed mothers react more strongly, by intense closeness and involvement with the child.

These are group averages. I want now to give attention to unique and extreme patterns which appear in subgroups of depressed mothers and which appear to be highly problematic for their children. Three such patterns appear in the area of affective experience. They will illustrate what is meant (Slide 13).

The first pattern is one of extremely high frequencies of negative affect by some depressed mothers. Expressions of emotion and mood were coded on a minute-by-minute basis during the mothers' entire stay in the apartment. For a few mothers, well over half of the minutes were coded negative. We may assume that the ambience of these mother-child relationships is severely lacking in pleasure, and for these children, the negative mood of mother's depression might be expected to have a heavy impact. Whether the high frequency of negative minutes is high anger or high sadness and anxiety, of course, spells very different contents of interaction between child and mother. In some respects (I would speculate that) the young child may be better able to cope with the angry outbursts by these mothers than with her manifestations of sadness and anxiety. This high frequency of negative expression carries with it another troublesome attribute: its expression is not likely to be dependent on, or a consequence of, the child's behavior and not readily predictable. It is the children exposed to this kind of depression-related rearing that we predict will suffer the greatest socialization costs.

A second pattern in mothers' behavior that is linked with mothers' depression is that of giving mixed messages to the child. This pattern is characteristic of a subgroup of depressed mothers. It is a characteristic that appears in a number of modalities and is "picked-up" across coding systems. Thus, these mothers give mixed messages in their verbal communications -- in evaluatively mixed comments such as, "Here's my sweet nuisance". Also, these mothers are not able to be direct in trying to control or influence child's behavior or their affect and their deeds do not match so they may give a command in a voice tone that says, "you can disregard this message," (Kochanska & Kuczynski). Their affective expression may be mixed. These mothers mix their emotions,

specifically manifesting affection mixed with sadness or anxiety.

A third special pattern of mother-child interaction making vivid appearance in a small number of depressed mothers concerns the nature of physical affection. It is tense and prolonged affection, and what one might be tempted to label misplaced or mistimed affection. Examples of this are mother's keeping the child physically close in what is apparent comfort for mother; also, mothers showing "too much" physical affection in response to minor stressors in ways that appear to communicate their tension to the children. These are kinds of of involvements by some depressed mothers that are evident only from the extended observations of mother and child.

In summarizing the findings on depressed mothers as rearing agents, I would like to make two points. The first is to stress caution in characterizing depressed mothers as if they are a homogeneous group who provide homogeneous socialization experiences for their children. Depression translates into childrearing behavior in different ways. There is a compounding of different behavioral impairments that contribute to an environment of risk for many of the offspring of depressed parents. Second, if our interest is in knowing how the environment of depression influences the course of individual child development, it is essential to determine the configuration of parental rearing dysfunctions that individual children experience. Effects of maternal depression on children will not be comprehensible from a statistical construction based on significant group differences along single dimensions of rearing behavior in the toddler years.

Here I have stressed mothers as rearing agents. At the beginning of this paper, I presented psychiatric status of these children 3 years later. About 40% of the offspring of depressed parents compared with 10% of normal showed serious problems. I cannot in this presentation bring the two sets

of information in a specific sense. The high problem frequency in the children of depressed parents is not assumed to be the outcome solely of the environmental experience. Rather it is the interaction of the constitutional factors that mother and child bring to the situation and the kinds of behavioral environment that they make for each other. Analyses in progress that include far more detailed information on the pathology of both parents and on the longitudinal course of both children in the family attempt to tease apart some of these influences.

Slide 2

Other Descriptors of Depression

Severity

Age at onset

Time of episodes

Level of functioning between episodes

Treatment

Family history data

Re-diagnosis at each follow-up, 3 years apart

Slide 4

Assessment Procedures

Home Visits

Family Behavior in Apartment (approx. 16 hours)

Parental Interviews:

- SADS-L
- Life Events
- Family Histories of Psychiatric Disorder

Child Assessment

- Behavior in Apartment
- Cognitive and Neuropsychological Tests
- Psychiatric Evaluations
- Behavior with Peer
- Teacher Report

Slide 8

Ages of Children at Each Assessment Period

Assessments:	Initial	Follow-up 1	Follow-up 2
Ages of Younger Child:	2-3	5-6	8-10
Ages of Older Sibling:	5-8	8-11	11-15

Slide 10

Children With DSM III Diagnoses, by Diagnosis of Mother[a]

Percentages

Age of Siblings	Mother's Diagnosis		
	Normal (N=19)	Major Depression (N=31)	Bipolar Depression (N=14)
8 to 11	21[b]	48	36
5 to 6	10	42	43

[a] Middle class families

[b] Fathers with diagnoses in 6 cases

Slide 11

Children With DSM III Diagnoses, by Diagnoses of Parents[a]

Percentages

Age of Siblings	Parental Diagnoses: Both Parents Well (N =13)	Depressed Mother & Well Father (N =13)	Both Parents Depressed (N =29)
8 to 11	8	31	55
5 to 6	15	23	48

[a] Middle class families

Slide 12

Group Differences Between Depressed and Normal Mothers'

Childrearing Behavior

Depressed mothers compared with normal mothers:

- give more explicitly negative messages
- have more nonspeaking time (lunch time) (Breznitz & Sherman)
- express more negative affect toward, and in presence of, child
- show more problematic behavior in controlling child (Kochanska & Kuczynski)
- react more strongly in situations of stress

Slide 13

PATTERNS OF AFFECTIVE INTERACTION IN SUBGROUPS OF MOTHERS

-- Extremes in expression of anger, sadness, anxiety

-- Mixed affective messages

in attributions, control attempts, emotions

-- Physical affection

in mothers' needs, in stress response